



## Member Acknowledgment Form

I, \_\_\_\_\_ have been offered a copy of the Medicaid  
(Member's Name)

Member Handbook. I have gotten it in the mail or was given a copy by my provider, or my provider has shown me where to find it online. I understand this handbook gives me information about my benefits. It also talks about my rights and responsibilities. My provider has shown me where the handbook describes how to access emergency services, transportation, and how to choose a provider. My provider has also shown me where the handbook instructs me how to file a grievance or appeal.

**I also understand that if I have been treated unfairly or discriminated against for any reason, I may file a complaint by contacting Optum Salt Lake County at:  
1-877-370-8953.**

My provider has reviewed these materials with me. My provider has answered my questions.

\_\_\_\_\_  
Printed Member Name

\_\_\_\_\_  
Minor Signature

\_\_\_\_\_  
Member Signature / Legal Guardian Signature      Date

\_\_\_\_\_  
Interpreter Signature (if needed)      Date